

0120

Rec'd PCT/PTO 30 AUG 2005

AUG/30/2005/TUE 02:35 PM WOODARD EMHARDT

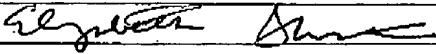
FAX No. 317 637 7561

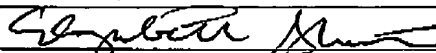
P. 001

WEMMH PTO/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |   |   |                        |  |        |
|---|---|---|------------------------|--|--------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing)   |   | Application Number  |                        | 10/526,770   |        |
|   |   | Filing Date   |                        | February 28, 2005  |        |
|   |   | First Named Inventor  |                        | Alan FOSTER  |        |
|   |   | Group Art Unit  |                        | Unassigned   |        |
|   |   | Examiner Name   |                        | Unassigned   |        |
| Total Number of Pages in this Submission  |   | 10  | Attorney Docket Number |  | 7520-2 |
| <b>ENCLOSURES (check all that apply)</b>  |   |   |                        |  |        |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached PTO-2038 Credit Card<br><input type="checkbox"/> Amendment Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney (SB/80), Change of Correspondence Address (SB/81), and Statement Under 37 CFR 3.37(b) (SB/96)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD |                        | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Signed Declaration Form, Submission of Signed Declaration Documents, and copy of 2/28/05 Postcard |        |
| <div style="border: 1px solid black; padding: 2px;">Remarks</div>   |   |   |                        |  |        |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>   |   |   |                        |  |        |
| Firm Name   | Woodard, Emhardt, Moriarty, McNett & Henry LLP                                      |   |                        |  |        |
| Signature   |  |   |                        |  |        |
| Printed Name  | Elizabeth A. Shuster  |   |                        |  |        |
| Date  | August 30, 2005   | Reg. No.  | 52,672                 |  |        |

|   |   |      |                 |
|---|---|------|-----------------|
| <b>CERTIFICATE OF TRANSMISSION - MAILING OR FACSIMILE MAIL</b>  |   |      |                 |
| I hereby certify that this paper is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450. |   |      |                 |
| Signature   |  |      |                 |
| Typed or printed name   | Elizabeth A. Shuster  | Date | August 30, 2005 |

7520-2 EAS.le 360973

Transmitted via Facsimile to Mail Stop PCT (571)273-3201

WEMMH PTO SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005****Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/526,770        |
| Filing Date          | February 28, 2005 |
| First Named Inventor | Alan FOSTER       |
| Examiner Name        | Unassigned        |
| Art Unit             | Unassigned        |
| Attorney Docket No.  | 7520-2            |

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 65

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account number: 23-2030 Deposit Account Name: Woodard, Emhardt, Moriarty, Mcnert & Henry LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments to the above-identified deposit account.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| -20 or HP    | =-20         | x        | =0            | x                         | =0       |               |

HP = highest number of total claims paid for, if greater than 20

| Independent Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------------|--------------|----------|---------------|
| -3 or HP           | =-3          | x        | =0            |

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(e).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| -100                | =                   | /50<br>(round up to a whole number)                     | x               | 0                    |

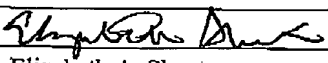
(round up to a whole number)

**4. OTHER FEE(S)**

Response to Missing Parts (Oath) - small entity

Fee Paid (\$) 65

**SUBMITTED BY**

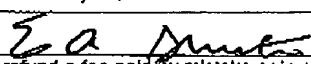
|                   |   |                                   |                 |           |                |
|-------------------|---|-----------------------------------|-----------------|-----------|----------------|
| Signature         |  | Registration No. (Attorney/Agent) | 52,672          | Telephone | (317) 634-3456 |
| Name (Print/Type) | Elizabeth A. Shuster  | Date                              | August 30, 2005 |           |                |

7520-2 EAS.le 361020

Facsimile Transmitted to Mail Stop PCT (571) 273-3201

PTO-2038 (02-2003)  
Approved for use through 02/28/2006, OMB 0851-0043  
United States Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**United States Patent and Trademark Office**  
**Credit Card Payment Form**  
**Please Read Instructions before Completing this Form**

| Credit Card Information  |   |  |                                    |
|--|---|--|------------------------------------|
| Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Discover   |   |  |                                    |
| Credit Card Account #: [REDACTED]  |   |  |                                    |
| Credit Card Expiration Date: 04-06   |   |  |                                    |
| Name as it Appears on Credit Card: E A SHUSTER   |   |  |                                    |
| Payment Amount \$ (US Dollars): \$65   |   |  |                                    |
| Cardholder Signature:   |   | Date: August 30, 2005                  |                                    |
| <small>Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee as charged.</small> |   |  |                                    |
| <small>Services Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).</small>   |   |  |                                    |
| Credit Card Information  |   |  |                                    |
| Street Address 1: 111 Monument Circle  |   |  |                                    |
| Street Address 2:  |   |  |                                    |
| City: Indianapolis   |   |  |                                    |
| State/Province: Indiana  |   | Zip/Postal Code: 46204                 |                                    |
| Country: USA   |   |  |                                    |
| Daytime Phone #: 317-634-3456  |   | Fax #: 317-637-7561                    |                                    |
| Request and Payment Information  |   |  |                                    |
| Description of Request and Payment Information:<br>Filing of Missing Oath (small entity fee)   |   |  |                                    |
| <input checked="" type="checkbox"/> Patent Fee   | <input type="checkbox"/> Patent Maintenance Fee | <input type="checkbox"/> Trademark Fee | <input type="checkbox"/> Other Fee |
| Application No.<br>10/526,770  | Application No.                                 | Application No.                        | IDON Customer No.                  |
| Patent No.   | Patent No.                                      | Registration No.                       |                                    |
| Attorney Docket No.<br>7520-2  |   | Identify or Describe Mark              |                                    |

**If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.**

cc: Barbara

7520-2 EAS.le 361019

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Alan FOSTER

Serial No. 10/526,770

Filed February 28, 2005

US National Stage of PCT/GB2003/003700  
Filed August 26, 2003

IMPROVEMENTS IN OR RELATING TO CASTORS

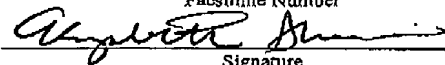
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

August 30, 2005

Date

(571) 273-3201

Facsimile Number



Signature

Elizabeth A. Shuster

Typed or Printed Name

August 30, 2005

Date of Signature

SUBMISSION OF SIGNED DECLARATIONMail Stop PCT  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

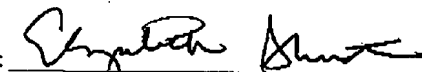
The above-identified application was filed on February 28, 2005 via Express Mail No. EV466872145US with an unsigned declaration. The return receipt postcard (copy enclosed) was date stamped as received by the PCT/PTO but no serial number was stamped on the postcard.

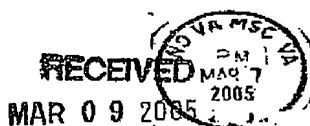
A telephone call was placed by our office to the PCT Help Desk on May 26, 2005, and August 29, 2005, in which the PCT Help Desk indicated the serial number for the above application is "10/526,770" and that the Notification of Missing Requirements was not expected to be issued before December 2005.

The surcharge of \$65 for furnishing the oath or declaration later than 30 months is to be charged to the American Express account number shown on the attached form (PTO-2038). It is believed that no additional fees are due; however if any fees are deemed necessary, the US Patent & Trademark Office is hereby authorized to charge such fees to Deposit Account No. 23-3030 but do not include any payment of issue fees that are or may become due.

Respectfully submitted,

By:

Elizabeth A. Shuster, Reg. No. 52,672  
Woodard, Emhardt, Moriarty McNett & Henry LLP  
Bank One Center/Tower  
111 Monument Circle, Suite 3700  
Indianapolis, Indiana 46204-5137  
(317) 634-3456Submission of Signed Declaration  
USSN 10/526,770  
Group Art Unit Not yet Known  
EAS.le.347392



Woodard, Emhardt, Moriarty,  
McNett & Henry LLP

WOODARD, EMHARDT, MORIARTY, McNETT & HENRY LLP  
111 MONUMENT CIR STE 3700  
PO BOX 44957  
INDIANAPOLIS, IN 46244-0957



© USPO 2005



DT02 Rec'd PCT/PTO 28 FEB 2005

Matter No./Case No. 7520-2

Initials/Date: JH/EAS/ek

RECEIPT OF THE ATTACHED IS HEREBY ACKNOWLEDGED

- ☒ Patent ☐ Trademark ☐ Copyright
- Serial No. New Application
- Applicant Alan Foster
- ☒ PTO form 7038
- ☐ Return Receipt Postcard
- ☐ Application # \_\_\_\_\_ of pages
- ☐ Check for \$ \_\_\_\_\_
- ☐ # \_\_\_\_\_ sheets of drawings
- ☒ Declaration & Power of Attorney URS
- ☐ Assignment & Recordation cover sheet
- ☐ IDS# w/ \_\_\_\_\_, Enclosed References
- ☒ Transmittal Form/PTO Form 1590
- ☐ Fee Transmittal/PTO Form
- ☒ Amendment/Response to Office Action
- ☐ Request for Extension of Time
- ☐ Statement of Use
- ☐ Specimen(s) # \_\_\_\_\_
- ☐ Cover Letter

EV466872145US